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The Sight of Blood Brought Me Back to Life

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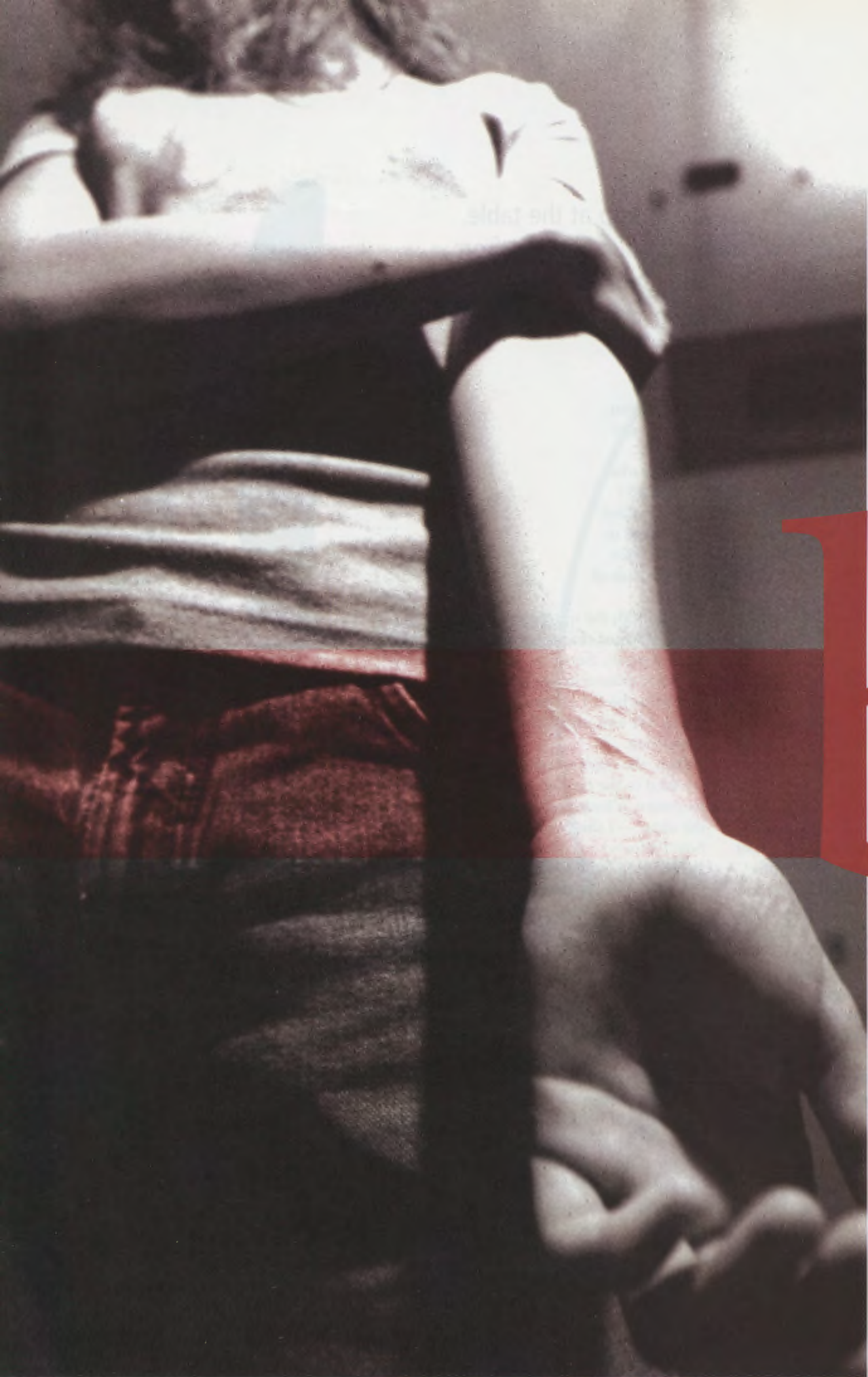
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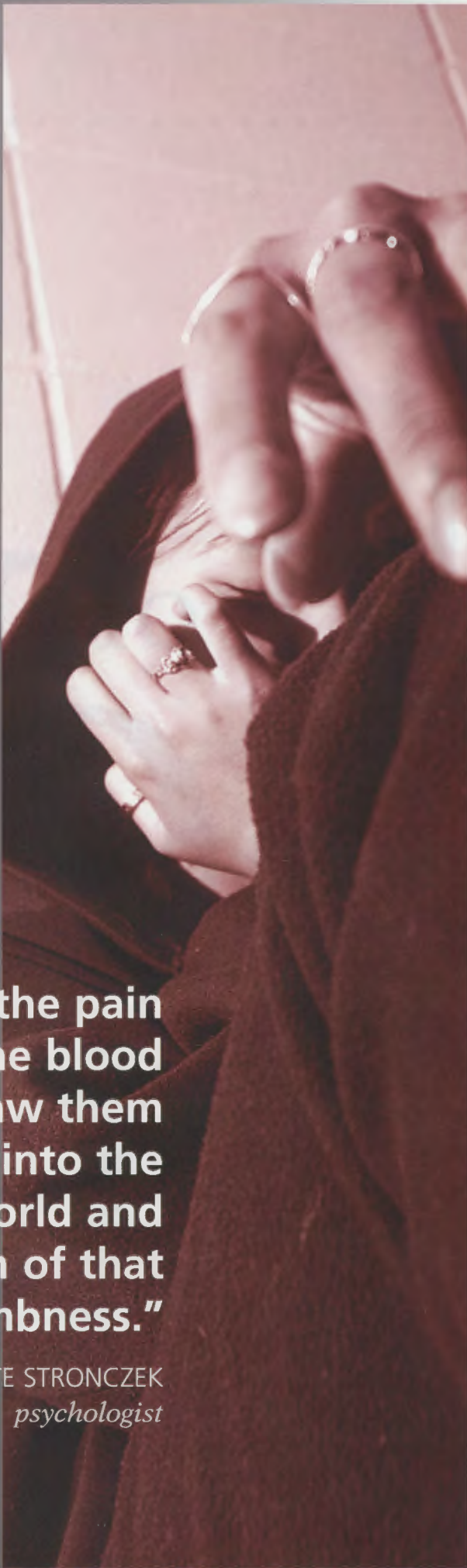
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the sight of blood brought me back to life

SELF-MUTILATION EXISTS AT IOWA STATE



**"It's the pain
and the blood
that draw them
back into the
real world and
rid them of that
numbness."**

PAULETTE STRONCZEK
psychologist

Melanie sawed into her wrist with the three-inch long, serrated switchblade, the knife's teeth easily ripping through her toughened skin. The consuming pain she had been feeling inside now resided in that inch-long gash and the dark bubbling from her wound.

Stephanie pressed the still-lit cigarette hard against her pale bicep, the searing pain part of a self-imposed punishment. And as the putrid smell of burnt flesh wafted through the evening air, that familiar feeling of sweet relief washed over her yet again.

Elissa violently slashed her upper arm, slicing open the layers of skin all the way to the muscle tissue. She finally began feeling back in control of her life, thanks in part to the now bloodied scalpel she had purchased at the bookstore earlier that day.

Sarah's skin split effortlessly with each slice of the razor blade, each cut remaining a serene white for a moment before the crimson emerged. Even though the 28 gashes that now marked her arm from wrist to elbow would be hidden from her family, the wounds allowed Sarah to have the last word in an argument with her parents.

This is self-mutilation. People unfamiliar with it may find it bizarre, shocking or gory. But self-mutilation is not a new problem to counselors and psychologists. And as these four Iowa State students, who asked that their real names not be used, will attest, self-mutilation is far more common — and even more understandable — than many people believe.

Self-mutilation, also known as self-harm, self-injury, or simply cutting, is a disorder in which an individual inflicts physical pain or injury on himself or herself in an effort to deal with emotions and feelings. This can mean cutting, burning, pulling out hair, even deliberately breaking bones.

But it does not include suicide or suicide attempts, although in rare cases, self-mutilators have acciden-

tally died after inflicting too severe a wound. However, there is an indisputable link between suicide and mutilation within this group. Both Elissa and Melanie say they attempted suicide, but in the process, discovered that cutting provided significant relief.

"When I actually did cut, I was like 'Wow,'" Melanie says. "It just made me feel better, and I stopped at that point. That's what got me stuck on doing it—the realization that cutting brought pain to [the wound] and took pain away from everything else."

Paulette Stroncsek, a licensed psychologist for Iowa State Student Counseling Services, says there is a wide range of causes of self-mutilation, but most are related to a previous serious trauma that the individual hasn't dealt with. Abuse—physical, sexual or verbal—or the death of a loved one are examples of such traumas, Stroncsek says, yet the self-mutilator may not even be aware of the reason he or she is cutting. People who have difficulty coping with emotion are more likely to self-injure, she adds.

Stephanie, a non-traditional Iowa State student in her mid-thirties, also pulled out her hair and punched walls, in addition to burning herself with lit cigarettes. And once, she slammed her head against a fire extinguisher. Physical abuse from her older

brother was the primary reason she began to self-mutilate. The abuse went unnoticed, she says, and self-mutilation was simply her unsuccessful attempt to attract attention. "Looking back, it was always a cry for help," she says. "And my cries for help were saying that this guy's beating the hell out of me. No one ever noticed."

Sarah says her Vietnamese mother's verbal abuse toward her and critical attitude of America were factors that prompted her to pick up the razor blade. "It hurts when your mother says you're not good enough," Sarah says. "It's hard to grow up with parents that are completely disapproving of the whole society you live in."

Elissa says the injuries were a way "to release stress and anger" and keep her sanity in the face of the pressure in her life. Melanie used cutting as a "way of handling pain" and to take her mind off the problems at hand, even if the relief lasted only a few moments.

"It takes away the pain that I'm feeling inside," Melanie says. "It puts the pain somewhere else. Just so you can fall asleep, just so you

"It felt like a drug to me. Like the second I felt the blade on my skin — I swear it must be like heroin — because it felt so incredibly good in a very morbid way."

can get something done and not have to think about the pain anymore. It puts your pain in another spot, and that puts your mind in another spot, too."

As Stroncsek alluded to, reasons for self-mutilation vary widely, but one of the most common is self-punishment. The childhood abuse suffered at the hands of her brother, Stephanie says, led her to believe that she "deserved to hurt." Melanie punished herself when poor test scores, a car accident and other mistakes made her

feel like a letdown to her parents.

Elissa's self-punishment began as early as sixth grade, when she would "pinch myself really hard or stab myself with a pencil" if she was unable to correctly do her homework.

Self-injury is also a way to gain—or regain—control in one's life. Melanie says cutting her wrists has given her a way of controlling her depression and getting back to being the "happy person" she wants to be.

"The times I've cut myself [since enrolling at Iowa State] is when I've been depressed for two and three days, and I don't want to do anything else with my life," she says. "I've done it when I've come to a point where there's nothing else I can do. I don't want to be depressed anymore. And you know that if you do it, you'll be happy after that."

Elissa couldn't stop the prolonged illness and eventual death of her mother. "Watching my mother die for so long, I couldn't control that," she says. "I couldn't control her pain, but I could control my pain, and that did a lot for me."

Another common motivation is the struggle to feel alive — to avoid

feeling numb, says Stronczek.

"People talk about how their senses are dulled—they can't taste, they can't smell, they can't really feel when they are touching something," she says. "It's the pain and the blood that draw them back into the real world and rids them of that numbness."

"The sight of blood was what really brought me back to life," Sarah says, describing why she personally stuck to cutting as her form of self-harm, as opposed to burning or other methods.

"I got so numb that I could not feel the world, and I didn't like not having my senses, not feeling the happiness of a warm day or whatever," Sarah says. "And I cut to get that control back and to feel alive, to be able to feel everything around me and to be able to taste food. Otherwise, nothing would taste good. And a day would always feel dreary, and I'd always be tired."

How common is it? Psychological findings set estimates ranging from 0.1 percent of the population to as high as 7 percent and everything in between. Stronczek, for one, believes it more common than people think. She has dealt with a number of Iowa State students who self-mutilate, the majority of those cases involving females.

But men self-mutilate, too. Jeffrey, another Iowa State student, says for nearly four years he periodically sliced into his forearm, first using an Xacto blade, then switching to a serrated knife he received as a gift. Driven by confusion, stress, and a negative

"We want to be found out, yet we keep it well hidden. It makes no sense."

self-image, Jeffrey would carve one or three deep cuts into the skin of his left forearm to provide relief.

Another clinical mystery is the exact age at which self-mutilation is most likely to occur. A number of psychologists have hypothesized that self-injury is most likely to occur during the teen years—when a student is attending high school and college.

One reason that the statistics about self-mutilation are so rough is the secrecy surrounding the habit, contrary to a popular stereotype that self-mutilators are merely seeking attention. All five students say they constantly hid their wounds, even if that meant wearing long-sleeved shirts during the humid summer months. They also went to great lengths to care for their wounds, using antiseptic cream to prevent infection and always bandaging up their latest gashes.

"I think I was scared of going to the hospital," Sarah says. "That was my ultimate fear. If I don't keep it taken care of, it will get infected and I'll have to tell my parents ... and then everyone will know."

"That's the irony of it," Stephanie says. "We want to be found out, yet we keep it well hidden. It makes no sense."

This secrecy may be due, in part, to the lack of understanding

among the public. Each of these five has dealt with friends or family who couldn't comprehend self-injury, or the motivation behind it.

Melanie says she had an ex-boyfriend who, upon discovering the cluster of scars on her wrist, "totally flipped out" and threatened to end the relationship if she cut herself again. His intentions may have been good, she admits, but her self-injury was not something she could easily give up. Jeffrey says only the people who really know him understand what's driving him to cut his arm.

Yet complete understanding from loved ones remains elusive, especially because the self-mutilators themselves are still constantly coming to a fuller realization of their feelings and actions. Sarah says she still tries to figure out why she let herself "get to that point," though she realizes that "when I'm feeling down, I understand it a lot more."

Like any habit, self-mutilation can be a difficult cycle to escape. Stephanie says she struggled trying to break her "addiction" to cutting. Elissa

"It puts the pain somewhere else. Just so you can fall asleep; just so you can get something done and not have to think about the pain anymore."

has tried to stop "like five times," but one bad incident always manages to send her back to her old methods. Jeffrey compares the fixation to cigarettes—for him, both smoking and cutting provided a release and relief, even if only temporarily. Sarah and

Melanie, too, emphasize that self-mutilation is both an addiction and a habit.

"It felt like a drug to me," Sarah says. "Like the second I felt the blade on my skin—I swear it must be like heroin—because it felt so incredibly good, in a very morbid way. I always described it as an

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addiction, not a disorder.”

“It comes to be a habit,” Melanie says. “It’s a habit you have to break, and it’s hard to break. I stopped it for a long time, and then I came here [to Iowa State] and started again.”

All five insist kicking the addiction for good is not easy. Yet Stephanie has not intentionally injured herself for more than 16 years, though she still vividly remembers the difficulties she had and the steps she ultimately took to win back her freedom. It wasn’t easy. She suffered a relapse in which, after nearly two years, she cut the palm of her hand with shards of glass from a broken bottle. But that relapse inspired her to stop self-mutilating permanently.

“The first step was having someone show me what I had done to myself,” Stephanie says. “The second step was asking for help. By that I mean coming clean and reaching out to learn skills to change my behavior, learning skills to confront my emotions, and learning new ways to deal with my anger and feelings of inferiority. And I think the final step is just wanting to get away from it.”

Sarah has not cut herself since the summer of 2001, but she doesn’t believe she’s entirely safe. To help herself quit, she actively researched the phenomenon of self-mutilation. “The more I learned,” she says, “the more I knew how to stop myself.”

“The healing process has to do with yourself,” she continues. “It’s been well over six months, and it feels like I’m still healing from it.”

Jeffrey abstained from cutting for over a year before slipping again last spring. While he has not mutilated since then, he is not sure if he will stumble again. “I can’t say

that I won’t do it again,” Jeffrey says. “I’m just hoping I can look at self-mutilation as something in my past, something I did, but have moved on from.”

Even when — or if — their habit of self-mutilation is finally kicked, this group will never forget what they went through. The scars that cross their bodies will be physical, ever-present reminders of the struggles they endured. Yet not one would give them up, despite the stares or reactions they may receive from other people. Melanie says the scars remind her of what she’s been through, and that’s “not something I want to forget in 20 years.”

Elissa’s grandmother suggested getting a medication that fades scars, but Elissa said no, “they’re part of me.”

Sarah believes her scars—even the ones that are already faint and barely noticeable—represent a huge part of who she is. “They feel like battle wounds, but at the same time, I feel like they’re my greatest weakness,” she says. “They define me. They’ve become a part of me. If you were to force me to draw a picture of myself, I would probably draw twice as many scars as I actually have. I feel like they weren’t just on top of the skin, they were inside me.”

The actions don’t “leave my mind easily,” Elissa says, even during periods where she is resisting the temptation. The idea is still there in Stephanie’s head as well, even after all these years, looming as a possible solution to all of life’s problems. But the urge to act on this idea isn’t there. Melanie says she can’t honestly promise herself that she won’t self-mutilate again, despite her desire to stop. Jeffrey, too, says cutting still pops up as an option, especially when he is feeling stressed.

Making a complete separation

between herself and self-mutilation would be impossible for Sarah because it helps define the person she is. “It’s who I am, and if I didn’t cut, I don’t know who I would be,” she says. “I’d probably still be depressed. I’d probably be darker. I think I would be someone I didn’t like.”

“Everyone gets depressed. You have to do something to get out of it. Normal people do something normal, but cutters cut to feel—to breathe, to be who they are, to get back to reality.” **e**

FROM **SALT** PAGE 29

Company’s popularity, “A lot of people are just looking for answers, and I think God is drawing people to himself. It’s not anything Salt Company does; it’s not like we are doing it by ourselves.”

Chen is taking a break from some chemical engineering homework. Next to his textbook is his Bible, which he reads daily. He has a schedule that Salt Company handed out that allows people to read through the book in a year.

“I don’t have to read the Bible every day. I want to,” he says. “My personal relationship with Christ is the most important thing in my life.”

Chen finds himself in a difficult spot, the same spot Paul Sabino was in several years ago. He’s close to an engineering degree, but unsure if he should move into ministry. “I try to plan my future sometimes, but sometimes things come up. God changes things,” he says. “I’ll keep praying for the answer.”

Aaron can relate. He’s a finance major, and will graduate this year, but his commitment to Salt Company over the last few years has changed him, he says. He says he finds a deep joy in serving other people and being involved in the ministry.